

**SEEC FORM 30**

## Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012



Electronic Filing

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Page 1 of 13

**COVER PAGE**

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
<b>Dave R 123</b>				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
First <b>Annie</b>		MI	Last <b>Puskar</b>		Suffix
4. TREASURER ADDRESS					
Street Address <b>223 Derby Ave # 609</b>		City <b>Derby</b>	State <b>CT</b>	Zip Code <b>06418</b>	
5. ELECTION DATE <b>11/04/2014</b>		6. OFFICE SOUGHT (Complete only if Candidate Committee) <b>State Representative</b>		7. DISTRICT NUMBER (if applicable) <b>R123</b>	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First <b>David</b>		MI <b>J</b>	Last <b>Rutigliano</b>		Suffix
9. TYPE OF REPORT <b>October 10 Filing - Original</b>					
10. PERIOD COVERED					
Beginning Date                      Ending Date  <b>08/13/2014</b> thru <b>09/30/2014</b>					
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.					
<b>Electronic Filing</b> SIGNATURE		<b>John Puskar</b> PRINT NAME OF THE SIGNER		<b>10/10/2014 7:27:20PM</b> DATE CERTIFIED	
<b>PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.</b>					

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE	TYPE OF REPORT	
<b>Dave R 123</b>	October 10 Filing - Original	
	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$4,894.90</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$6,053.00</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D through I)	<b>\$27,785.06</b>	<b>\$27,785.06</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14 through 17)	<b>\$27,785.06</b>	<b>\$33,838.06</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$32,679.96</b>	<b>\$33,838.06</b>
20. Expenses Paid by Committee (Section N)	<b>\$12,562.57</b>	<b>\$13,720.67</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$20,117.39</b>	<b>\$20,117.39</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M) OPTIONAL	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$769.31</b>	<b>\$769.31</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$0.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Dave R 123		October 10 Filing - Original	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b>			For Nonparticipating Candidates ONLY
<b>B. Itemized Contributions from Individuals</b>			

Last Name		First		MI	Contribution ID #
Residential Street Address		City		State	Zip Code
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor?			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Yes      No If yes, indicate which branch or branches of government the contract is with:      Executive      Legislative			Yes      No		
Is this contribution associated with a fundraising event listed in Section J1?	Yes	Method of contribution:		Date Received	Aggregate Contributions
	No	Cash      Personal Check Money Order      Credit/Debit Card			
If yes, list Event #					

<b>Total of Section B</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>	(Sections A + B)	(Total on Line 14 of Summary Page)	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Dave R 123				October 10 Filing - Original	
<b>C1. Contributions from Other Committees</b>					
Name of Committee			Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section J1?		Amount of Contribution
			Yes      No		
City			State	Zip Code	Date Received
					Aggregate Contributions
<b>Total of Section C1</b>					

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE				TYPE OF REPORT	
Dave R 123				October 10 Filing - Original	
<b>C2. Reimbursements, Payments, or Surplus Distributions from other Committees</b>					
Name of Committee			Name of Treasurer		
Address			Date Received		Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services		
<b>Total of Section C2</b>					

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE				TYPE OF REPORT	
Dave R 123				October 10 Filing - Original	
<b>D. Loans Received this Period</b>					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address	City	State	Zip Code	Is there a cosigner or Guarantor of this loan?	
				Yes      No	
Name of Cosigner/Guarantor (if applicable)				<b>Amount Received</b>	
Street Address	City	State	Zip Code		
<b>Total of Section D</b>					

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE				TYPE OF REPORT	
Dave R 123				October 10 Filing - Original	
<b>E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b>					
Date of Receipt	Method of Payment			Amount	
	Cash	Personal Check	Credit/Debit Card		
<b>Total of Section E</b>					

**I. Monetary Receipts (Section A-I)**

NAME OF COMMITTEE				TYPE OF REPORT	
Dave R 123				October 10 Filing - Original	
<b>G. Interest from Deposits in Authorized Accounts</b>					
Name of Institution			Date Received		Amount
Street Address	City	State	Zip Code		
Total of Section G					

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE				TYPE OF REPORT	
Dave R 123				October 10 Filing - Original	
<b>H. Public Grant Funds Received from the Citizens' Election Fund</b>					
Purpose of Grant: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit		Grant Cycle: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Special Election		Date Received	Amount
				08/28/2014	\$27,785.00
Total of Section H					<b>\$27,785.00</b>

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE				TYPE OF REPORT	
Dave R 123				October 10 Filing - Original	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
CEP			08/13/2014		
Street Address	City	State	Zip Code		
30 Trinity St	Hartford	CT			\$0.06
Description					
Penny Test					
Total of Section I					<b>\$0.06</b>

**II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)**

NAME OF COMMITTEE		TYPE OF REPORT	
Dave R 123		October 10 Filing - Original	
<b>J1. Fundraising Event Information</b>			
Fundraising Event # Date of Fundraiser	Letter Description		
Location: Street Address		City	State Zip Code
Was this fundraising event hosted at a personal residence?		Yes	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.
		No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
		No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes	(If yes, enter Total Receipts here.)
		No	
<b>Total of Section J1</b>			

**II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Dave R 123		October 10 Filing - Original	
<b>J3. In-Kind Donations Not Considered Contributions</b>			
Name of the Donor			
Street Address		City	State Zip Code
Donation Given by:	Description of Donation		Fair Market Value of Donation
Individual			
Business Entity	Date Received	Event #	
Sole Proprietorship	Aggregate value for this event		
<b>Total of Section J3</b>			

### III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE	TYPE OF REPORT
Dave R 123	October 10 Filing - Original
<b>K. In-Kind Contributions</b>	

Name			
Street Address		City	State Zip Code
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#	Yes No	Description of In-Kind Contribution	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	Fair Market Value of this Contribution
Type of Contributor:	Date Received	Aggregate contributions	
Individual Committee Sole Proprietorship			

**Total of Section K**

### III. Non Monetary Receipts (Sections K - M)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dave R 123	October 10 Filing - Original
<b>L. Refundable Deposit to Telephone Company</b>	

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code
<b>Total of Section L</b>			

### III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE	TYPE OF REPORT
Dave R 123	October 10 Filing - Original

#### M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48

Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer	
Street Address			Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations	
Description of Donation		Purpose of Expenditure A      B      C      D		

**Total of Section M**



**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dave R 123	October 10 Filing - Original

**N. Expenses Paid By Committee**

Name of Payee Hersam Acorn News		Date of Payment 08/28/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>95</u> <input type="checkbox"/> Debit Card	
Street Address 1000 Bridgeport Ave		City Shelton	State CT	Zip Code
Purpose of Expend A-NEWS	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$600.00
Name of Payee TLG, LLC		Date of Payment 09/10/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>96</u> <input type="checkbox"/> Debit Card	
Street Address 14 Haverhill Pl		City Trumbull	State CT	Zip Code
Purpose of Expend PRNT	Description Palm Cards			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$638.10
Name of Payee TLG, LLC		Date of Payment 09/18/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>98</u> <input type="checkbox"/> Debit Card	
Street Address 14 Haverhill Pl		City Trumbull	State CT	Zip Code
Purpose of Expend A-DM	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3,551.59

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dave R 123	October 10 Filing - Original

**N. Expenses Paid By Committee**

Name of Payee TLG, LLC		Date of Payment 09/22/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>97</u> <input type="checkbox"/> Debit Card	
Street Address 14 Haverhill Pl		City Trumbull	State CT	Zip Code
Purpose of Expend A-DM	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3,551.59
Name of Payee Hearst Media		Date of Payment 09/29/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>99</u> <input type="checkbox"/> Debit Card	
Street Address 410 State St		City Bridgeport	State CT	Zip Code
Purpose of Expend A-NEWS	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$669.70
Name of Payee TLG, LLC		Date of Payment 09/30/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>100</u> <input type="checkbox"/> Debit Card	
Street Address 14 Haverhill Pl		City Trumbull	State CT	Zip Code
Purpose of Expend A-DM	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3,551.59
<b>Total of Section N</b>				<b>\$12,562.57</b>

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Dave R 123				October 10 Filing - Original	
<b>O. Expenses Paid By Candidate</b>					
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?
Big Daddy Signs			08/21/2014		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State	Zip Code	Amount
1319 Green First Ct		Winter Garden	FL		
Purpose of Expenditure (by code)	Description			Event #	\$769.31
A-SIGN					
Total of Section O					<b>\$769.31</b>

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Dave R 123				October 10 Filing - Original	
<b>P. Expenses Incurred on Committee Credit Card</b>					
Name of Issuing Institution			Type of Credit Card:		
			Visa      Master Card      Discover      American Express Other		
Name of Vendor				Date of Transaction	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum					
Total of Section P					

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dave R 123	October 10 Filing - Original
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>	

Name of Creditor		Date Incurred	
Street Address	City	State	Zip Code
Purpose of Expenditure (bv code)	Description		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input type="checkbox"/> No         </div> Expenditure # (if applicable) <div> <input type="checkbox"/> </div> Event # <div> <input type="checkbox"/> </div>			
If yes, assign an Expenditure # and completes Itemization in Addendum Q			

**Total of Section Q****IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dave R 123	October 10 Filing - Original
<b>R. Itemization of Reimbursements to Committee Workers and Consultants</b>	

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
				Check #
				Debit Card
Secondary Payee				
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input type="checkbox"/> No         </div> Expenditure # (if applicable) <div> <input type="checkbox"/> </div> Event # <div> <input type="checkbox"/> </div>				
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**Total of Section R**

**IV. EXPENDITURES (Sectuibs N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Dave R 123				October 10 Filing - Original	
<b>S. Surplus Distribution of Equipment and Furniture</b>					
Name of Recipient					
Street Address		City		State	Zip Code
Description of Item					Original Purchase Amount of Item
<b>Total of Section S</b>					